Future Plans and Goals

CHAPTER 5

The Hoosier Assurance Plan (HAP) was introduced to the state in 1994 and since that time has been the focus of the Indiana Division of Mental Health and Addiction (DMHA). Changes throughout HAP's implementation have been reflected in the updating of DMHA strategies and goals in an effort to improve the provision of services.

Through the fall of 1999 and spring of 2000 DMHA staff gathered in a series of meetings to respond to recommendations from the National Association of State Mental Health Program Directors (NASMHPD), Office of Technical Assistance consulting report. These meetings soon branched out to include representative groups of consumers, family members, advocates, and providers. The goals of this group were to assess recommendations from the 1999 consulting report, narrow recommendations to those that made the most sense for Indiana, and give input to the future direction that the DMHA should take. Eight recommendations were established in 2000 to guide the further implementation of the HAP:

1. The DMHA should not, at this time, actively pursue the implementation of a Medicaid managed care system of mental health and addiction services. Instead, the DMHA should focus on improving the functioning of the current system.
2. The DMHA should continue its emphasis on expanding the development of community-based services, focusing on statewide establishment of exemplary practices such as assertive community treatment for adults and wraparound services for children, while respecting the principles of recovery for all consumers.
3. The DMHA should support the identification and utilization of best practices to reduce the length of stay for state psychiatric hospital patients and to promote successful integration and stabilization of patients in the community upon their discharge.
4. The DMHA should continue its efforts to move adults with a mental illness and no forensic involvement, who have been in a state psychiatric hospital more than one year, into the community, especially in light of the *Olmstead* Decision of the U.S. Supreme Court.
5. Once the Office of Consumer and Family Affairs (OCFA) is established, an OCFA Advisory Committee should be created and the OCFA Director should have direct access to the Director of the DMHA.
6. To ensure extensive and meaningful participation of a diverse group of consumer and family members in planning and policy discussions, the DMHA should employ a broad outreach approach and take specific steps to overcome barriers to active involvement by consumers and family members.
7. The DMHA should ensure that the next actuarial study include a focus on co-occurring disorders.
8. The DMHA should expand treatment options for individuals with co-occurring disorders by identifying and promoting services that are scientifically based, recognized by experts in the field as best practices, and utilize the latest technology.

These recommendations became the driving force behind DMHA goals and programs for the latter part of the 2000-2001 biennium and will continue to direct the activities of the DMHA into the next biennium. Progress has been made on several of these goals and is documented in this report. The development of an Office of Consumer and Family Affairs, the implementation of Assertive Community Treatment (ACT) training for providers and staff, and a new funding pool for co-occurring disorders are three examples of goals that have been met or are well on the way to being accomplished. Other goals require long term changes and constant vigilance to become fully implemented.